

**Summary Notes**

**for a meeting with**

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## Summary Notes

There are three intertwined paths in the development of concerns about persons disabled by environmental sensitivities:

- 1) Human Rights and Citizenship Issues
- 2) Public Policy and Political Action
- 3) Related Scientific and Clinical Concerns

I allege conscious abuses on the part of a few key professionals and policy makers in all three areas, as well as simple, but serious, mistakes on the part of many others in positions of responsibility. I have also approached police about what I believe is a failure to show due diligence on the part of officials who know what is happening and how, who are mandated, by law, to protect members of this group from damaging acts of commission.

Basic human rights violations stem from the practice of various authorities, of "placing the presumption on the wrong side". Federal and provincial health and other civic authorities, medical associations and health institutions, and competing interests in the community declared, repeatedly, for decades, in official process affecting the lives of somewhere between three and thirty percent of Canadians, that persons with environmental sensitivities should be presumed to be mentally ill until proven otherwise, that their conscious experience of sensitivity reactions should be dismissed on this basis. Direct damages caused in government institutions, and through the actions of institutions required, by law, to take their lead from these authorities, as well as indirect consequences throughout the larger community, include child abuse, family breakups, ruined careers, increased iatrogenic disability, and deaths caused by preventable and officially contra-indicated acts of commission.

Such concerns require exploration beyond the depth of this short summary. For instance, there are concerns relating to what Liberals did concerning existing, ongoing efforts to address attitudinal concerns when brought into power in Ontario in 1985, and about a similar derailing of efforts to stop abuse when Liberals were elected to federal government in 1993. In both cases, the relevant ministers reversed a trend previously developed to end abuse and consequent damages. To say there is a lack of forthrightness on the part of Health Ministers of all parties in Ontario since 1985, and federally since 1993, might be an understatement. The consequences of the flip-flop that occurred federally after Diane Marleau was appointed minister, while perhaps harder to explain, are as serious as if a new health minister and his officials were to immediately and consistently declare that there is no need to heat-treat blood products to kill HIV, or that it would be a credible position for others not to do so.

Unfortunately, ending abuse requires an acknowledgement that abuse is taking place. Our society attaches issues of liability and shame to such admissions. Providing relief to members of this disabled group involves acknowledging that they have been and are being abused, and that there are ongoing damages as a result of abuses. There is a resistance to this amongst current gatekeepers, as there has been amongst others who have sustained and fostered abuse in the past. In addition, in some cases it would appear from documents obtained under freedom of information, and from other sources, that there is a conscious cover-up which, in itself, is causing further damages.

At the very least, it can be shown that there is a continuing, conscious, willful disregard, a failure to show due diligence. Some officials and policy-makers, of course, do not understand what is going on,

and are either simply trusting others, or subject to their own misconceptions about what is going on. Others are not so innocent.

Abusers' deception involves maintaining, while knowing the opposites are true, that we are dealing with a single, new disease, caused by the modern environment, for which there is scant literature and no known clinical technique, a denial of the experience and extensive history of persons with these problems, and a repeated mis-representation of existing science, clinical experience, and what appears to be a deliberate distortion of the positions of consumers and professionals advocating an end to abuse.

Please note that this concern is not about new services, or for more or better care, but simply to request that responsible officials bring an end to preventable abuse, bring an end to damages that are being caused by preventable acts of commission in the health care system and throughout the broader community which were encouraged in many cases by the very organizations responsible for stopping such abuses. I am asking that officials stop making misleading statements about our history, our experience, the related science, and even about what has been done in their own institutions, especially considering the consequences. However, silence is not enough, considering past statements by these authorities. There is a need for efforts to counter previous damaging statements. There is a need to rescue existing victims of ongoing acts of commission that are occurring due to ongoing negligence.

I am concerned that some key officials associated with the current federal government have been associated with possible criminal negligence under the Peterson government in Ontario, and seem unable to admit that what was done by Liberal Health Ministers Murray Elston and Elinor Caplan, sustained unnecessary and preventable abuse and deaths through breaches of normal democratic process, and by thwarting efforts begun by their predecessors that were designed to bring an end to abuse. In short, these involve burying recommendation seven of the 1985 Thomson Report, which recommended continued public support for existing mainstream methods of assessment, and ignoring the statement in that report that the position "all the identified patients are emotionally ill" was "clearly untenable". Further damages, at the federal and provincial level, can be shown to be related to actions of currently important persons who happen to be Liberals.

The previous involvement of people who are now important in the federal Liberal caucus is of particular concern not for reasons of punishment or compensation, but because liability, both political and financial, would seem to be the main stumbling block in acknowledging what has happened, why it was wrong, and hence, why it is currently preventable. In fact, this was given, in private conversation, as a probable reason for evasiveness on the part of Health Canada, by a former assistant to a former Deputy Attorney General of Canada.

For the purposes of our meeting, I will tell you some of what has happened verbally rather than in written form. I have done this with a variety of parties in the past, in an atmosphere promoting healing and forgiveness. Unfortunately, offering forgiveness and healing to federal authorities abusing persons with sensitivities has, since 1993, been "pearls before swine". I fully expect that these issues will not be dealt with by Mr. Rock, Mr. Pettigrew, or Ms McLellan, or by cabinet, and that it will require a sworn affidavit and probably continued legal action, possibly criminal charges to bring an end to corrupt practices involved.

There is an outside chance that senior officials will realize that continued negligence is resulting not in

savings but in rapidly increasing liability. However, it is quite conceivable to those of us who are familiar with the situation that the federal and Ontario governments will continue to knowingly kill Canadians with sensitivities, rather than acknowledge that they have knowingly caused such deaths in the past.

As I understand it, the Privy Council Office is the last level of government appeal that citizens can go to to bring an end to abuses by government officials, and irresponsibility concerning abuse on the part of cabinet ministers and their staff. I hope the mandate of providing non-partisan advice to the Prime Minister will be recognized, as my impression is that Liberal wagons have been drawn into a circle, and that those approached at senior levels lack the grace and integrity to fess up about what is happening, that they would rather continue to kill, to contribute to child abuse and other damages, than to admit their ongoing complicity or compliance with abuse, damages, and deaths.

As I have done for the past 18 years, I will continue to do what I can to bring this preventable abuse, and the negligence which allows it to continue, to the attention of those who might be in a position to bring it to an end. Unfortunately for the politics involved, it is the gatekeepers who could bring the abuse to an end who have caused and are causing extremely serious damages. I'm not sure what to recommend concerning their obvious consequent conflict of interest.

Unfortunately for those who are being abused, and for others who bear the costs of this abuse, the abusers and enablers of this abuse are extremely powerful, and attempts to bring an end to the abuse is taking as long as it has in other situations, such as in residential schools, where those responsible for stopping abuse are implicated in its having occurred in the past and continuing present, and are subsequently unable to bring themselves to accept responsibility for what they have done, and what they are doing.

Until they do, the abuse and consequent damages will continue. Inspired by the likes of Desmond Tutu, I continue to press for a non-shaming, face-saving resolution, but am repeatedly advised that to ignore the liability issue is to ignore the main political stumbling block that results in continued abuse. I am sometimes criticised for presuming to forgive abusers when I am not, myself, among those who are being horribly abused.

I look forward to discussing the details with you.

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PS In case my having contacted police creates an ethical concern, I must mention that the advice of the Staff Sergeant (Burke) and Constable (Dubuc) to whom I made my statement is that, because the deaths are occurring because people are not being identified, it may not be a criminal matter because there are not identified parties in the group I am primarily concerned about around whom a case of criminal negligence could be built. Although we are exploring the situations faced by people in our community to see if some people who have not been killed but who have been subjected to abuse could provide examples that we could subsequently bring forward to police, there is no existing police investigation at this time.